

I.

Instructions:

ASBESTOS LANDFILL RECOGNITION FORM (AAC-7 IS)

In State Landfills

Louisiana Department of Environmental Quality Notifications and Accreditations Section P.O. Box 4313, Baton Rouge, LA 70821-4313 Phone (225) 219-0789 Fax (225) 219-3310

AI No. _____

| | | | o the Louisiana Department of I he section of the approved perm | | |
|--------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------|---------------------------------------|--|
| | | 1.0 | VM). Upon receipt of an accepta | | |
| | | | n List. If you have any questions | | |
| Mayeux, I | Manager, at (225 | 5) 219-0789; or Mia Towns | el, Supervisor at (225) 219-1665 | • | |
| II. | Landfill Info | rmation: (Please Print) | | | |
| Name of Landfill: | | | Physical Location of La | Physical Location of Landfill: | |
| | | | | | |
| Mailing Address: | | | Contact Name: | Contact Name: | |
| | | | | | |
| City: | | | Contact Phone No. | Fax No. | |
| | | | | | |
| State: Zip Code: | | Email Address: | Email Address: | | |
| Accepts: (check all that apply) | | | If non-friable ACWM 9 | If non-friable ACWM Only is Accepted: | |
| Friable Non-friable No ACWM | | | M Category 1 | Category 2 | |
| Landfill | Type: (check or | ne) | | | |
| Т | 'vne I or II Con | nmercial/Residential La | ndfill Type III Cor | nstruction and Debris Landfill | |
| | ype I of II Con | innereiai/Residentiai La | Type III Col | isti uction and Debi is Landini | |
| III. | Availahility an | nd Compliance with LAC 3 | 33:III.Chapter 5151, Louisiana <i>A</i> | shestos Regulations | |
| 2224 | | | ity manager. Please check "yes" | | |
| | | | which pertains to asbestos renov | vation/demolition and waste | |
| | disposal is on site at the landfill and made available to all employees. | | | | |
| | Yes | No | | | |
| | B. The facility has properly trained employees concerning the above regulations. | | | | |
| | Yes | No | | | |
| | C. The facility is permitted to accept asbestos-containing waste noted in Part II of this form. | | | | |
| | Yes | No | If yes, indicate Permit No | | |
| | | | | | |
| Facility Manager (Print Name) & Sign | | | | Date | |